

being as perfectly reduced as the ulna. M. Roux has stated at the academy of sciences that the reduction of as old luxations of the elbow was not very rare; for my part I do not know of other examples. I have the history of a man aged about 30, who entered the Hôtel Dieu, in 1836, for a luxation of the same kind of three months and nineteen days' standing, in whom a fracture of the olecranon occurred during efforts made by M. Roux to reduce it by the ordinary method." *Gazette des Hôpitaux*, Febvier 15, 1838. G. W. N.

49. *Laceration of the Perineum in Women.* By Prof. DIEFFENBACH.—Laceration of the perineum, commonly the effect of difficult or ill-managed labour, does not generally fall under the notice of the surgeon, unless the injury be extensive, and the inconvenience produced by it great. When the laceration is small, nature is, in most cases, able to effect a cure; and even where the whole length of the perineum has been torn through, the orifice of the rectum usually remains intact. I have already, in another work, communicated the result of my experience in the treatment of extensive lacerations of the perineum; the following observations are, therefore, to be considered merely as a supplement to the information then conveyed to the profession. The most recent cases of laceration of the perineum, which have fallen under my notice, are the following:—

*Case 1.*—The perineum of a young woman, 26 years of age, pregnant for the first time, and in whom the genital organs were remarkably small, was lacerated to the extent of an inch. I saw the patient six hours after the occurrence of the accident, and having removed the coagulated blood and lymph by which the edges of the wound were covered, I brought the latter together by three sutures. The parts were frequently bathed with warm water, and then some lint, moistened with the lead lotion, applied. On the third day I removed the two common sutures, and on the fourth, the twisted one. The union was perfect. The continued use of the Goulard's lotion removed, in a few days, some inflammatory tumefaction of the labia.

*Case 2.*—Laceration of the perineum, to the extent of an inch and a half, occurred in a female, 30 years of age, while giving birth to her third child. I saw the patient ten hours after delivery; the wound was clean, and its lips filled with firm coagula. I applied four sutures; two common, two twisted. The dressings were the same as those employed in the preceding case. On the third day the edges of the wound appeared united, as far as the commissure. I now removed the anterior suture and allowed the rest to remain until the fifth day. Up to the eighth day the knees were bound together with a handkerchief. The union now appeared to be solid, and the conformation of the external genital organs was not, in the slightest degree, modified.

*Case 3.*—A young woman, 22 years of age, fell from a height of a few feet, and struck the perineum against the edge of a stool. On examination, the genital organs were found considerably swollen, the vagina full of coagulated blood, and the left side of the perineum lacerated to the extent of half an inch. Two twisted sutures were immediately applied, and the antiphlogistic method of treatment had recourse to. The inflammation was thus quickly subdued, and the sutures removed on the fourth and fifth days: the cure was complete. An œdematous tumefaction of the surrounding parts, which persisted for several weeks, was removed by the use of Goulard's lotion.

*Case 4.*—A young married woman, 24 years of age, fell upon a porcelain chamber utensil, which broke into several fragments and wounded the perineum in various directions. Both labia were divided in different places, and one wound extended backwards for about the length of an inch, through the middle of the perineum. There were also several deep, long wounds in the parietes of the vagina, from which I extracted some fragments of porcelain. The patient had lost a considerable quantity of blood, and lay in a state of complete syncope. After having cleaned the wound and the vagina with injections of cold water, I applied a number of sutures at the different points which seemed to require them. The parts were covered with lint moistened in a cold lotion; leeches were applied to the inflamed organs, and a strict regimen enjoined. The whole

of the wounds were quickly united, with the exception of one small one, which suppurated, but finally healed in a few weeks. The patient, since then, has given birth to several children, and the cicatrices have remained perfect, not one having given way during labour.

*Case 5.*—A female, 30 years of age, suffered under incipient prolapsus of the uterus. The genital organs were remarkably relaxed and large, but the perineum, on the contrary, very small. It was, however, impossible to determine whether the enlargement of the entrance of the vagina and the narrowness of the perineum were the consequences of a trifling laceration, or of simple dilatation. I immediately determined on having recourse to Fricke's operation, and after having divided, with the scissors, the posterior angle of the fourchette, I applied eight sutures, partly twisted, partly common. In addition to these, I placed a couple of fine ligatures inside the vagina, through the edges of the mucous membrane. The operation was attended with complete success. After removing the sutures the breadth of the perineum was found to be considerably increased, and the orifice of the vagina contracted within reasonable bounds.

*Case 6.*—Laceration of the perineum, of a portion of the vagina, and several inches of the rectum, occurred in the person of a female 26 years of age, during her first labour. Six or eight hours after the accident, I was called in, and commenced by closing the wound in the wall of the vagina with five or six sutures. I then treated the rectum in the same manner, and finally closed the lacerated wound of the perineum, partly with common, partly with twisted sutures. The parts were constantly cleaned with lotions and baths, but the obesity of the patient prevented the local treatment from being followed up in as efficacious a manner as was desirable. When the sutures came away the greater part of the perineal wound was found to be ununited, but a portion, near the anus, had healed. In this case the application of the suture was only partially followed by success; the patient, however, was able to retain both fluid stools and flatus.

*Case 7.*—The next case was a still more difficult one, although the result was more fortunate. It occurred in the person of a woman 40 years of age; during a difficult labour, the perineum, half the vagina, and an inch and a half of the rectum were lacerated. I visited the patient on the following day, and immediately judged that the case would be one of extreme difficulty, for I had seldom seen a more corpulent woman. The abdomen hung down over the middle of the thighs, and the labia were of enormous dimensions. Having placed the patient in a convenient posture and removed the coagula of blood, &c., I first brought together the edges of the wound in the rectum with four points of suture, and then applied a strong suture to the lacerated portion of the vagina, bringing the extremities out through the vulva; complete coaptation of the wound in the vaginal parietes was obtained by four other sutures of lesser dimensions; finally, the wound in the perineum was united by two common sutures, and two twisted ones. The tumefaction of the parts prevented me from making any examination on the following day, and we were compelled to confine ourselves to the simple use of warm fomentations and injections. Several of the sutures which had been placed on the perineum and vagina had begun to cut through the tissues on the third and fourth days, and were all removed on the sixth day. The anterior part of the perineum, as well as the lower portion of the vaginal wound, were now found to be ununited, and the latter communicated through a small opening with the rectum. The parts were frequently washed with a strong decoction of chamomile flowers, and the process of granulation thus encouraged. After the lapse of a few weeks, the opening between the vagina and rectum was closed, and the whole of the lacerated parts in the perineum were united, with the exception of a small slit at the anterior part.

*Case 8.*—In the following case, several obstacles impeded the operation and diminished the chances of cure: A woman of nervous temperament and feeble constitution, twelve years anteriorly, while giving birth to her first child, met with a very severe accident, a considerable portion of the vagina, the whole of the perineum, and two inches of the rectum, having been torn through. On examining the unfortunate woman, I found the genital organs and the rectum united by a large open slit, and it was scarcely possible to determine at what

point the perineum had formerly existed. I operated, in this case, in the manner which I commonly adopt under similar circumstances. I freed the rectum a little laterally, in order to conserve its proper diameter, then refreshed all the edges of the injured parts, and united the rectum with five, the vagina with six, and the perineum with four sutures. The parts now presented a pretty natural appearance, and as no tension existed, I did not think it necessary to have recourse to the lateral incisions. Inflammation set in moderately. Goulard's lotion was applied to the parts, which were frequently examined. The sutures appeared firm on the third and fourth day; they were, however, removed, with the greatest caution, on the following day, and the union appeared perfect. After the lapse of a few days, during the first evacuation from the bowels, a communication between the rectum and vagina was discovered. For several months, the edges were touched with caustics, but without any great benefit; the patient was unwilling to submit to any further operation.

*Case 9.*—A healthy woman, 36 years of age, had the misfortune to listen to the instances of a young man, by whom she became pregnant. She was herself small in person; the pelvis and genital organs were also small, while the child was remarkably large. During delivery, the perineum and genital organs were injured to a very remarkable extent. I was called to see the woman on the following morning, and found her bathed in blood. The vagina and rectum formed one large cavity, the edges of which were ragged. A large flap, three and a half inches long, and two broad, hung down from the external genital organs, and on examination was found to belong to the vagina, to which it was only connected by a band of tissue not broader than an inch. After consultation with the physician in attendance, it was determined that some effort to relieve the unfortunate woman should be made, although the case appeared to be a very hopeless one. I commenced by bringing together the sides of the lacerated rectum, and for this six sutures were necessary; the wounds of the vagina required no less than ten sutures, and for the perineum five were employed. It is unnecessary to mention that one end of each ligature was cut off close to the knot. Although I did not expect to obtain anything like a complete cure in this case, yet I hoped, at least, to render the woman's life less uncomfortable. The treatment was moderately antiphlogistic; the wounded parts were frequently washed with warm Goulard's lotion, and, contrary to our expectations, the injured parts healed so completely by the first intention, that, after the removal of the numerous sutures, nothing could be observed but a fine cicatrix. A small communication between the rectum and vagina, healed after a lapse of eight days, on touching the edges with caustic. Several physicians have examined this case since the cure, for the obtaining which I am much indebted to the assiduity and talent of my assistant, Dr. Hildebrandt.

"I have described the above cases as briefly as possible, omitting every circumstance which was not strictly essential. It should, however, be mentioned that I took care to produce constipation for the first six, eight, or ten days, by small doses of opium. Whenever the desire to go to stool became excessive, a large tube, open at one end, was passed into the rectum, and a quantity of warm water thrown up, by which the scybalæ were softened. The catheter was also introduced several times within the twenty-four hours."—*Lancet*, from *Berlin Med. Zeit.*, December 27, 1837.

50. *Opiate Lotions in Phlebitis.*—M. PASQUIER, Chief Surgeon of the "*Invalids*," has employed with advantage, opiate lotions in five cases of inflammation of the internal saphena vein, arising from varicose and atonic ulcers in the course of this vessel, and occurring in debilitated old men. The saphena in all these cases was highly inflamed in its whole course. After general bleeding and repeated applications of leeches, rendered necessary by the violence of the inflammation, M. P. had recourse to opiate lotions, made by dissolving one drachm of gummy extract of opium in two pints of a strong decoction of marsh mallows and poppy heads. Long compresses well dipt in this liquid, and laid on the limb over the inflamed vein, and the whole covered with gummed cloth.